

PERFORMANCE ASSESSMENT/SITE VISIT REPORT

9. Is the project aware of the Performance Measures and reporting timeline for ARRA funded programs:

- | | | | |
|---|-------------------------------------|--------------------------|--------------------------|
| ○ Reporting of Performance Measures will be accomplished using BJA's Performance Measurement Tool (PMT); | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| ○ PMT reports must be completed on a quarterly basis (i.e., July 15, October 15, January 15, and April 15) for the life of the grant; and | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| ○ Failure to submit PMT reports by the due date could result in the project's award being suspended and/or revoked. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Comments: The program acknowledged that they were aware of reporting processes and dates of the PMT reports, and failure to comply with the process can result in the grant award being suspended or revoked.

10. For existing staff positions, does the project have documentation that the position would have been eliminated if not for Recovery Act funding?

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Documentation may include:

- Budget comparisons and/or projections before and after the Recovery Act award date
- Formal layoff recommendations and retractions (memos, reports) or
- Minutes of formal meetings where official budget decisions were made.

Comments: The program acknowledged that they were aware that they were required to maintain documentation that the position would have been eliminated or is newly created, without ARRA funds. The program was also aware that they must retain source documentation of formal layoff notices, formal meetings where official budget decisions were made. Additionally, the program informed Cal EMA staff that the created positions had not been filled at the time of the site visit.

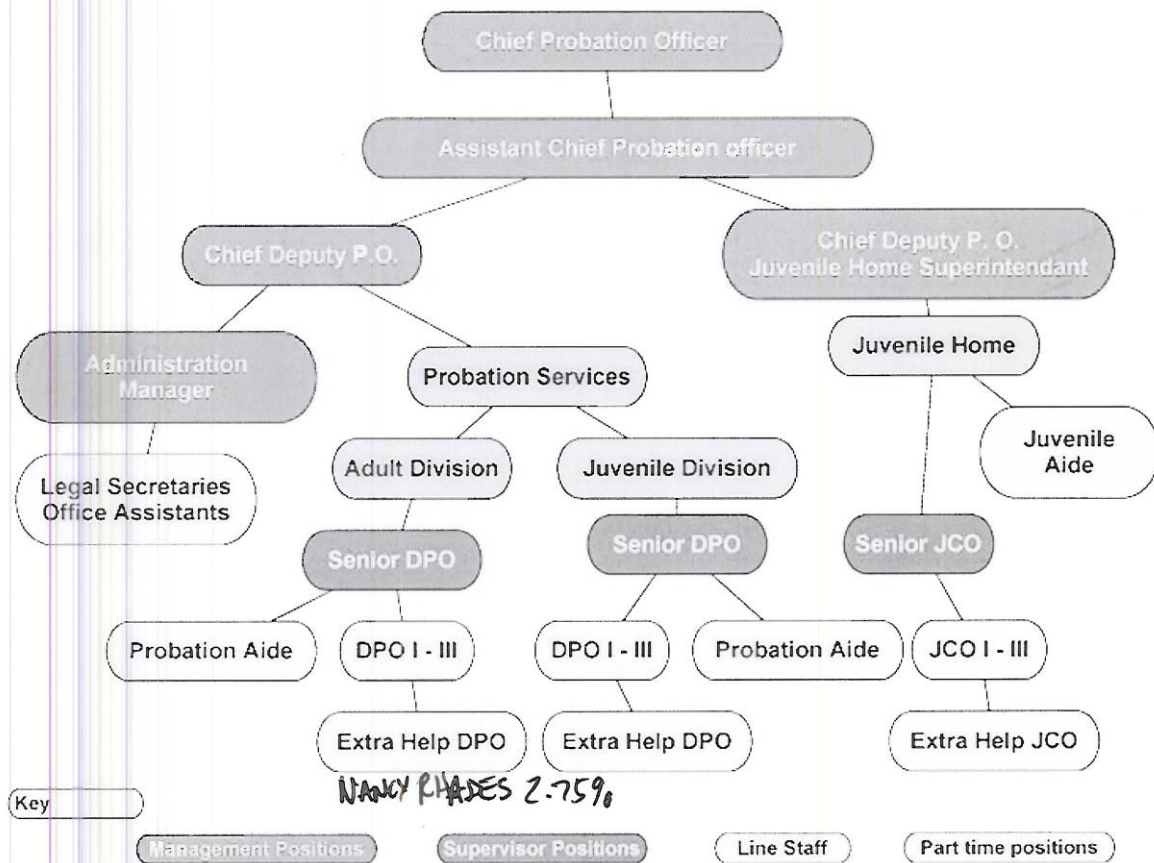
SECTION IV - ADDITIONAL COMMENTS:

NOTES:

Lake County Probation Department

Policy Manual

Organizational Chart



BOARD OF SUPERVISORS, COUNTY OF LAKE, STATE OF CALIFORNIA

RESOLUTION NO. 2009 - 234

RESOLUTION AUTHORIZING THE SUBMISSION OF AN APPLICATION TO THE CALIFORNIA EMERGENCY MANAGEMENT AGENCY FOR FUNDING FROM THE RECOVERY ACT JUSTICE ASSISTANCE GRANT - CRIME SUPPRESSION SECTION- EVIDENCE-BASED PROBATION SUPERVISION PROGRAM (JAG)

WHEREAS, the California Emergency Management Agency has issued a Request for Applications (RFA) to allocate funding available under the Recovery Act Justice Assistance Grant - Crime Suppression Section - Evidence-Based Probation Supervision as authorized by the American Recovery and Reinvestment Act of 2009 (Public Law 111-5) (the "Recovery Act") and by 42 U.S.C. 3751(a); and

WHEREAS, County of Lake's Department of Probation, under the direction of the Chief Probation Officer, is eligible to apply for \$100,701 to fund Evidence- Based Probation Supervision; and

WHEREAS, the application requires a duly authorized County official to sign specific certification statements.

NOW, THEREFORE, BE IT RESOLVED by the Lake County Board of Supervisors as follows:

1. That the County Administrative Officer is hereby authorized to sign the Certification of Assurance of Compliance and any other documents pertaining to this grant application.
2. If the application for funding is approved, the County Administrative Officer is hereby authorized to execute, on behalf of the County, the Grant Award Agreement and any other required documents.

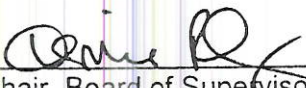
PASSED AND ADOPTED by the Board of Supervisors, County of Lake, this 15th day of December 2009, by the following vote:

AYES: Supervisors Comstock, Smith, Farrington, Brown and Rushing

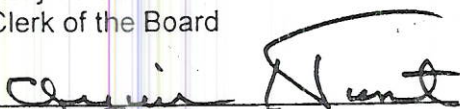
NOES: None

ABSENT OR NOT VOTING: None

BOARD OF SUPERVISORS

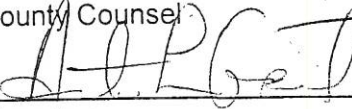

Chair, Board of Supervisors

ATTEST:
Kelly F. Cox
Clerk of the Board


Deputy



APPROVED AS TO FORM:
Anita L. Grant
County Counsel


Deputy



The within instrument is a correct copy of the Document on file in this office.

ATTEST:

12.15.09
KELLY F. COX
Clerk of the Board of Supervisors of the State of California in and for the County of Lake.



California Emergency Management Agency
EEO CHECKLIST – A

**For Federally Funded
State and Local Government Agencies
(Monitoring/Site Visits)**

RECIPIENT: County of Lake
IMPLEMENTING AGENCY: Lake County Probation Department
GRANT#: ZP09010170
FEDERAL \$: 101,701
CONTACT PERSON AT SITE: Meredith Helton
PHONE#: (707) 262-4285
EMAIL ADDRESS: meredithh@co.lake.ca.us

The U.S. Department of Justice regulations regarding the EEO content are quite comprehensive. For purposes of an initial screening to determine any potential problems in the agency's workforce, we are focusing on the indicators outlined in this summary. If there is a determination, based on an initial screening, that a further review is appropriate, the entire documentation required under Department of Justice regulations contained in 28 CFR 42.301 et seq., may be requested and reviewed.

The following is to assure that California Emergency Management Agency (CalEMA) recipients with 50 or more employees and receiving Federal financial assistance from the U.S. Department of Justice of \$25,000 or more are in compliance with state and federal civil rights requirements. Please verify that the following EEO documents are available and obtain copy at the site/monitoring visit. If they are not available, please note and forward a copy of this completed form to the CalEMA EEO Office.

7/2/10 - mailed to Lisa Abola - EEO Policy

- ☐ 1. **EEO POLICY** - A current Equal Employment Opportunity Policy Statement. The statement should specifically state that the agency is an equal opportunity employer and does not discriminate on the basis of race, color, religious creed, ancestry, national origin, age, sex (including pregnancy, childbirth or related medical conditions), marital status, sexual orientation (heterosexuality, homosexuality and bisexuality), medical condition (cancer and genetic characteristics), or disability (medical and physical, including HIV and AIDS), and denial of family medical care leave and pregnancy leave. Additionally, this policy must also apply to deliveries of services to clients and volunteers. This policy must be posted in a prominent place accessible to employees, applicants and clients.

YES ☒ (Request a copy of the policy and indicate if has been issued to staff.)

NO _____ (Provide attachment 1B)

- ☐ 2. **SEXUAL HARASSMENT POLICY** - A current policy specifically stating all employees have a right to work in an environment free from all forms of discrimination, including sexual harassment, retaliation and hostile work environment.

YES ☒ (Request a copy of the policy) NO _____ (Provide attachment 2B)

- ☐ 3. **DISCRIMINATION COMPLAINT PROCEDURE** - Has the recipient adopted a discrimination complaint procedure for filing complaints, both for their employees, volunteers and clients?

YES ☒ (Request a copy of the procedure) NO _____ (Provide attachment 3B)

- ☐ 4. **NONDISCRIMINATION POSTER** - The CA Department of Fair Employment and Housing (DFEH) poster entitled "Harassment or Discrimination in Employment is Prohibited by Law" must be posted in a conspicuous location accessible to employees and applicants for employment.

YES ☒ NO _____ (provide attachment 4A)

- ☐ 5. **PUBLICATIONS** - Does the recruitment materials or publications include a policy statement of nondiscrimination for participants, beneficiaries, applicants, or employees?

YES ☒ (Request a copy of the document) NO _____

- ☐ 6. **COORDINATOR** - Has the recipient identified a person responsible for coordinating complaints?

NAME: Kathy Ferguson

TITLE: Director Human Resources

PHONE#: (707) 263-2213

EMAIL: Kathy.F@co.lake.ca.us

- ☐ 7. **FINDINGS OF DISCRIMINATION** - Has the agency had any findings of discrimination issued in the last five years by the Agency, Federal/State Court, or Federal/State administrative agency (i.e. Equal Employment Opportunity Commission (EEOC), California Department of Fair Employment and Housing (DFEH), etc.).

YES ☒

NO _____

- ☐ **8. ALLEGATIONS OF DISCRIMINATION** – Has the agency been made aware of any current allegations of discrimination within the (last 2 years) originating from an employee, volunteer or client?

YES ☒

NO ☐

- ☐ **9. Equal Employee Opportunity Plan** – Is the Agency's EEO Plan current with in the (last 2 years)? The plan should consist of:

- a. An introduction page which includes recipient name, implementing agency, address, contact information, grant type, etc.
- b. EEO Policy
- c. Utilization Analysis Chart
- d. Narrative Underutilization Analysis
- e. Objectives to improve underutilization
- f. Steps to achieve the objectives
- g. Signature and certification of accuracy of EEO Plan

YES ☒ (Obtain copy of current EEOP.) NO ☐

Refer recipient to: http://www.ojp.usdoj.gov/about/ocr/eeop_comply.htm

- ☐ **10. DISSEMINATION of the Equal Employee Opportunity Plan and the Equal Employment Opportunity Policy** - A plan to disseminate the EEO Plan and the EEO Policy to all employees, volunteers, clients and to the general public.

YES ☒ (Request a copy)

NO ☐ (provide attachment 10A)

- ☐ **11. LIMITED ENGLISH PROFICIENCY (LEP)*** – Has the recipient taken reasonable steps to ensure meaningful access to their programs, services, and information on the services the recipient provides, free of charge? Additionally, has the recipient established and implemented policies and procedures for language assistance services that provide LEP persons with meaningful access, i.e. oral interpretation services, bilingual staff, telephone interpreter lines, written language services, community volunteers, etc.

YES ☒ (Request a copy)

NO ☐ (provide attachment 11A)

*Persons who do not speak English as their primary language and who have limited ability to read, speak, write, or understand English can be limited English proficient (LEP).

I hereby certify this EEOP Checklist is accurate and complete to the best of my knowledge.

PROGRAM SPECIALIST NAME: Román Alvarez

SPECIALIST PHONE NUMBER: 96-324-9150

DATE: 7/2/10

COMMENTS:

NONE

Upon completion, please send a copy of this checklist and documents received to
Lisa Abila, EEO Compliance Officer, CalEMA Headquarters.